## PART B - FEE(S) TRANSMITTAL

end this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or/<u>Fax----(703)-746-4088-----</u>

INSTRUCTIONS! This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated infess corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

08/04/2004

Michael S. Greenfield McDonnell Boehnen Hulbert & Berghoff 32nd Floor 300 S. Wacker Drive

Chicago, IL 60606

09/14/2004 DEMMANU2 00000046 10087283

01 FC:1501 02 FC:8001 1330.00 OP 30.00 OP

next

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Ernest Kellum (Depositor's na (Signature) (Dat 2004

APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/087,283 03/01/2002 James Ellis 02-163 3094

TITLE OF INVENTION: ANALGESIC COMBINATION OF MUSCARINIC AGONISTS

APPLN. TYPE	APPLN. TYPE SMALL ENTITY ISSU		FEE PUBLICATION FEE		TOTAL FEE(S) DU	JE D	DATE DUE	
nonprovisional NO		\$1330	)	\$0	\$1330	51330 11/04/2004		
EXAMINER		ART UNIT		CLASS-SUBC LASS	] .			
WANG, S	SHENGJUN	1617		514-294000	-			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		nt attorneys 1 MC		Boehnen Berghoff	L
© "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.					no name is 3			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

2004

UCB s.A.

Brussels, BELGIUM

$\mathcal{L}$ :					
Please check the appropriate assignee category or categories (will not	be printed on the patent);	🗖 individual	accorporation or other private group entity	government	
la. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
★ Issue Fee	A check in the amount of				
☐ Publication Fee (No small entity discount permitted)	☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies 10	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2490 (enclose an extra copy of this form).				
6. Change in Entity Status (from status indicated above)	5				
D.a. Applicant claims SMALL ENTITY status, Sec. 27 CED 1.27	I I h Annicont is not	claiming SMAAL	ENTITY status See e.g. 37 CED 1 27(g)(2	1	

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signatur (Date) September 8,

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality it governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE (Case No. 02-163)

In the Application of:	)
•	)
Ellis et al.	)
	) Examiner: Shengjun Wang
Serial No.: 10/087,283	)
	) Group Art Unit: 1617
Filing Date: March 1, 2002	)
	) Confirmation No.: 3094
For: Analgesic Combination of Muscarinic Agonists	)

## TRANSMITTAL LETTER

MAIL STOP ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In regard to the above identified application,

- 1. We are transmitting herewith the attached:
  - a) Issue Fee Transmittal Form PTOL-85B; and
  - b) return receipt postcard
- 2. With respect to fees:
  - a) A check in the amount of \$1360.00 is enclosed.
  - b) Please charge any underpayment or credit any overpayment, to our Deposit Account No. 13-2490.
- 3. CERTIFICATE OF MAILING UNDER 37 CFR § 1.8: The undersigned hereby certifies that this Transmittal Letter and the paper, as described in paragraph 1, are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 8, 2004.

Date: September 8, 2004

Michael S. Greenfield Registration No. 37,142